

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/582281

FILING DATE
6-9-60

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	9		6			
2			1		1	
3			1		1	
4			3		1	
5			3		1	
6			3		1	
7			3		1	
8			3		1	
9			3		1	
10			3		1	
11			3		1	
12			3		1	
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14			3		1	
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TOTAL	IND.	2	2	2		
TOTAL	DEP.	19	18			
TOTAL	CLAIMS	21	17			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL	IND.					
TOTAL	DEP.					
TOTAL	CLAIMS					